Magnet® Senior Analysts’ Tips

Submitting a first-time application or seeking redesignation? Read the following tips to ensure adherence to guidelines for data collection, provision of evidence, and formatting when writing to the Sources of Evidence (SOE)!

Empirical Outcomes

Source of Evidence (SOE) Example Types

It is important to understand the SOE type before responding to requirements because the presentation for each SOE type can determine what is needed for narrative and supporting evidence. The 2014 Magnet® Application Manual contains two types of SOE examples:

▶ Empirical Outcomes (EO)
  - Standard Empirical Outcomes
  - Unique Empirical Outcomes: Five EO are considered unique:

▶ Non-Empirical Outcome Sources (Non-EO Sources)

Empirical Outcomes

Empirical Outcomes include the suffix “EO.” For example, TL1EO, TL3EO, and TL9EO, are Empirical Outcomes.

Standard Empirical Outcomes

When presenting a standard EO, the example and supporting evidence must be presented in the format that is outlined in the 2014 Magnet® Application Manual on pages 60 and 61. The template provides an outline for the narrative and requirements for supporting evidence.

Note: When developing a standard EO, supporting evidence must be presented in the form of a data graph and table. Do not provide evidence in the form agendas, minutes, or policies.

Tip: Annotate the intervention on the graph and match the narrative with the timeline.
For standard EO, use the outline in the 2014 Magnet® Application Manual on pages 60 and 61. (Do not use this outline for unique EO.)


**Definitions of Empirical Evidence and Outcomes:**

- **Empirical evidence** (2014 Magnet® Application Manual, page 66): As applied to statements, particular research projects, or even general approaches to research, the term empirical implies a close relationship to sensory experience, observation, or experiment (Scott & Marshall, 2005, p. 187). Knowledge based on empirical evidence is grounded in scientific findings as opposed to personal belief (Polit & Beck, 2012).

- **Empirical data**: Originating in or based on observation or experience.¹

- **Outcomes** (2014 Magnet® Application Manual, page 72): Quantitative and qualitative evidence related to the impact of structure and process on the patient, nursing workforce, organization, and consumer. These outcomes are dynamic and measurable and may be reported at an individual unit, department, population, or organizational level. Donabedian defined outcomes as the “changes (desirable or undesirable) in individuals and populations that can be attributed to health care” (Donabedian, 2003, p. 46).

Nursing’s contribution to patient, organizational, and consumer outcomes via the empirical measurement of quality outcomes in Magnet-recognized organizations is imperative.

**Development of Empirical Outcomes**

To help you understand what is needed when constructing an EO, the following concepts are intended to clarify the meaning of an EO as it relates to the Magnet Recognition Program’s expectation for documentation:

- **Begin with data.**
  - Pre-implementation data is collected and should be used to ascertain the problem that needs to be addressed. This data is measured before actions are taken to improve the conditions that exist.

- **Set a goal.**
  - Identify a clear and concise goal statement that delineates the desired outcome (goal). The goal must target the problem that was identified in the pre-implementation data.
  - The goal must correlate with the outcome measure that has been identified with pre-implementation data.
  - The goal must also directly address the requirements in the SOE.

Implement the intervention.

- The intervention is the action or set of actions that has been implemented and will have a direct impact on the pre-intervention data.
- The intervention time frame is the period of time when corrective action or set of actions are implemented. It must be clear that the post-intervention data reflect the impact of the intervention.

End with data.

- The data is measured after the implementation of the intervention to determine improvement/change/results of the action(s) taken.
- The pre- and post-implementation data must reflect the same measurements. Use of the same measure pre- and post-implementation must be over a specified timeline.
- The timeline must measure the same time interval pre- and post-implementation (e.g., monthly pre, monthly post; quarterly pre, quarterly post).
- The data must be trended and must be consecutive. A minimum of one pre-implementation data point and three post-implementation data points are required.

**Definition:** Trended data is “a pattern of gradual change in a condition, output, or process, or an average or general tendency of a series of data points to move in a certain direction over time, represented by a line or curve on a graph”\(^2\).

**Empirical outcomes focus on results**—the impact or outcome—of processes that exist in the organization and that are executed by the healthcare team engaged in a culture of excellence. Outcomes are dynamic and define areas of improved performance and areas requiring additional effort to achieve improvement. Empirical outcome measures demonstrate the result of work done or undertaken by nursing in the organization.

**Empirical Outcomes Resulting From Processes and/or Compliance:**
Be careful not to measure compliance and process, as these are work done/interventions to correct the pre-data. Instead, provide empirical outcomes that are the result of the work done, compliance, and/or processes.

**Examples:**

- Improved compliance with hand-washing describes the work done or the process that had a direct impact on decreased infection rates. The empirical outcome is the improved infection rate; compliance with hand-washing is the intervention that had an impact on the outcome. Compliance with hand-washing is not an acceptable outcome.

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Improved compliance with medication administration record (MAR) documentation describes the work done or the process that had a direct impact on decreased medication errors. The empirical outcome is the reduction in medication errors; compliance with MAR documentation is the intervention that had an impact on the outcome. MAR documentation compliance is not an acceptable outcome.

**Tip:** Compliance, adherence, and process measures are not considered outcomes measures.

Below is a sample of a graph to demonstrate the data: